The Family Bereavement Program (FBP)

OVERVIEW

The Family Bereavement Program (FBP) is designed for families with children ages 8-16 who had experienced the loss of a caregiver in the past 2½ years. Caregivers and children attend a series of 12 2-hour sessions that focus on improving self-esteem and increasing adaptive beliefs about why negative events occur. A randomized experimental evaluation found that, at post-test, the program increased the positive affect, active inhibition, and positive coping of children. Additionally, the program had positive impacts on positive parenting and mental health of caregivers. At 11 months, impacts were limited to girls and to the measure of parenting.

DESCRIPTION OF PROGRAM

Target population: Children ages 8-16 who have experienced a recent death of a caregiver or parent

The Family Bereavement Program is designed to improve children’s mental health as they deal with the death of a parent or caregiver by improving the perception of negative events, self-esteem, the mental health of remaining caregivers, the quality of the relationship between the child and caregiver, and effective discipline used by caregivers and decrease the child’s exposure to future negative events and stressors. In the program, children and their caregivers meet in separate small groups (about 7-8 members) for eight 2-hour long sessions. Additionally, they also meet in four joint 2-hour sessions. These group sessions included modeling, role-playing, homework assignments, and collaborative group learning activities. The leaders of the group sessions undergo extensive training before the start of the program (about 40 hours) and ongoing training during the program (2 hours weekly).

EVALUATION(S) OF PROGRAM


Evaluated population: A total of 156 families with 244 children were randomly assigned to conditions. Fifty-four percent of children were male. Sixty-seven percent of children were non-Hispanic whites, 16 percent were Hispanic, 7 percent were African-American, 3 percent were Native American, 1 percent were Asian or Pacific Islander, and 6 percent of children were another race. The children ranged in age from 8 to 16 years with a mean age of 11.39 years.

Approach: Potential families were recruited using mail solicitation, newspaper articles, and media presentations to agencies who worked with bereaved children. Families had to match eligibility criteria before they were accepted into the study. These criteria were that the child had to have experienced the death of a biological parent or parent figure which had occurred between 4 and 30 months prior to the start of the program;
the family had to have at least one child between 8 and 16 years, have a caregiver present in the family who was willing to be randomly assigned and be able to complete assessments in English, and could not be planning on moving in the next 6 months. Additionally, no family members could be currently receiving mental health services or any type of bereavement program. After meeting these criteria, families were randomly assigned to either the Family Bereavement Program (FBP) condition or a control condition referred to as the Self-Study Program. Families in the self-study program condition received 3 books, one per month, which contained information about grief in children and caregivers. Children and caregivers in the FBP condition each met in separate groups for eight 2-hour long sessions. During these sessions children and caregivers heard presentations, videotapes of prior program sessions, and participated in role-playing scenarios. Additionally, four 2-hour long sessions involved both children and caregivers in joint activity sessions. Parents were assessed on positive parenting and mental health problems. Children were assessed on positive coping, negative life events, negative thoughts about stressful events, active inhibition, control-related beliefs, self-esteem, and internalizing and externalizing problems. Caregivers and children were also videotaped to assess interactions between parents and children.

**Results:** The treatment and control groups were evaluated to see if they were equivalent. The two groups only differed on 2 of 30 comparisons, positive affective tone and attending. Attrition rates were rather low over the course of the evaluation with almost 90 percent of participants completing all measures. There were no differences or effects of attrition across the two groups.

At the post-test data collection, caregivers in the FBP condition had higher levels of positive parenting than caregivers in the control condition. Caregivers in the FBP condition had better mental health than those in the control condition. Children in the FBP condition had better positive coping, active inhibition, and positive affective tone than children in the control condition. The program had no impacts on children’s perception of negative events, negative thoughts about stressful events, self-esteem, control-related beliefs, and several behavioral variables measured in the observation session.

At the 11-month follow-up data collection, caregivers in the FBP condition had higher levels of positive parenting, but the program had no impacts on their mental health. Children in the FBP condition had better ratings than those in the control condition on control-related beliefs and internalizing problems. The program did not have any impacts for children on any other measures; however, gender interactions were found, with girls in the treatment group having fewer underlying and externalizing problems.

**SOURCES FOR MORE INFORMATION**

Program manual is available online at: [http://www2.edc.org/lastacts/archives/archivesNov01/childmanual.asp](http://www2.edc.org/lastacts/archives/archivesNov01/childmanual.asp)

**References:**


**KEYWORDS:** Behavioral Problems, Mental Health, Children (3-11), Adolescents (12-17), White/Caucasian, Hispanic/Latino, Counseling/Therapy, Clinic-based, Males and Females (Co-ed).

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